Name In Full Henry Asbury Abbott

Certificate of Death

Died at Town Hamesbarter County Somerset MARYLAND

Date 189 Month Nov Day 24 | Age Y. 52 M. D. | Native of Md | Occupation Waterman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife Mrs Sallie Abbott

Father's Name | Mother's Name

Cause of Death: Primary Cancer 25 g | How long sick

Immediate | Accident, Suicide, Homicide

Reported by T. W. Hendry

Address Deals Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. F. S. Windsor

of Damesquarter

Seen by Coroner

of

Information contained in this certificate received

from W. H. Abbott

of Damesquarter

[illegible]

Name in Full

Certificate of Death

Mrs. Portia E. Bird

Town

County

Died at Princess Anne Somerset MARYLAND

Month Day Y. M D. Native of Occupation

Date 189 9 11 25 Age 40

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife Prof B. O. Bird

Father's Name

Mother's Name

Cause of Death Primery 161

Immediete

How long sick

Accident, Suicide, Homicide

Reported by Wicomico Co. News 11-30

Address

Must be signed by physician, if any in attendance, otherwise by Coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full William W. Dize

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month Nov Day 16 Age Y. 65 M. D. Native of Md Occupation Oysterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband of Wife Mary Dize

Father's Name — Mother's Name +

Cause of Death Primary Angina Pectoris How long sick — Died suddenly

Immediate Angina 58 ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full Dulcy Hutchens

Certificate of Death

Died at Town Fairmount County Somerset Co MARYLAND

Date 189 9 Month November Day 2 Age Y. 60 M. D. Native of va Occupation horse keeper

Male / Female ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living

~~Husband~~ Wife of dont no 2

Father's Name dont no Mother's Name dont no

Cause of Death: Primary old age 141 How long sick 3 days

Immediate Accident, Suicide, Homicide

Reported by mR vandyke

Address Williamsford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70E8R

Attended by Dr. no doctor

of

Seen by Coroner

of

Information contained in this certificate received

from Pomeroy

of of Fairmount

Name in Full marg E-Lin Johnson

Certificate of Death

Died at Town Fairmount County Somerset MARYLAND

Date 1899 Month Day movemen 29 Age Y. M. D. 42 years

Native of

Occupation

[redacted] [redacted] Married Widow Divorced

Female Colored [redacted] Widower Number of children living 5

Husband of Wife nea Jonson

Father's Name

Mother's Name

Cause of Death Primary Consuntion 22a

Immediate

How long sick 3 month

Accident, Suicide, Homicide

Reported by Tom horsey

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. Dickson

of Fairmont

Seen by Coroner .....

of .....

Information contained in this certificate received

from Formby

of Fairmont

Name in Full

Certificate of Death

Matild McCready.

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Nov Day: 15 | Age Y. 45 M. D. | Native of Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ ~~of~~ Wife Sydney R McCready

Father's Name James Lankford Mother's Name Susan Lankford

Cause of Death: Primary Pulmonary Consumption | How long sick 5 years

Immediate 22a | ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full

Certificate of Death

Wm T Marriner

Died at ~~Town~~ Perry Hawken County Somerset MARYLAND

Date 189 9 Month 11 Day 29 | Age Y. 73 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 8

Husband of Wife Drusilla Marriner

Father's Name James Marriner | Mother's Name Leah Marriner

Cause of Death: Primary Heart Disease | How long sick 5-7

Immediate | Accident, Suicide, Homicide

Reported by Dr Dashiell

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Roof Dashield

of Princess Anne

Somerset Co

Md

Seen by Coroner

of

Information contained in this certificate

ceived from

of

Name In Full

Certificate of Death

Anne Nelson

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Nov Day: 21 | Age Y. 78 M. D. | Native of Md. | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living One

Husband of
Wife

Father's Name John Lawson | Mother's Name —

Cause of Death — Primary: Bright disease | How long sick: 6 months

Immediate: 97 | Accident, Suicide, Homicide

Reported by W. F. Howell

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full no name

Parks

Certificate of Death

Died at Town Fair mount County Somerset Co MARYLAND

Date 1894 Month nov Day mbr | Age Y. M. D. one month | Native of | Occupation

Male [redacted] White [redacted] | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name James Parks | Mother's Name emma Parks

Cause of Death: Primary Sasam | How long sick to dose

Immediate 161 | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Gill

of of James Town

Seen by Coroner

of

Information contained in this certificate received

from Family

of Fair mount

Name in Full

Certificate of Death

Isaac Churchman Sterling

Died at Town Crisfield County Somerset MARYLAND

Date 189 Month Day Nov 30 - 99 | Age Y. M. D. 86 yrs | Native of Md. | Occupation Waterman

Male 7 so White 7 so Married Widow Divorced

Female Colored Single Widower 2 so Number of children living 4

Husband of Wife Peggy

Father's Name John Sterling Mother's Name Nancy

Cause of Death: Primary old age 141 | How long sick Instantaneous

Immediate Paralysis | Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Chas. H. Daugherty, age 42

Born in Somerset Co.

3 Children living. Fathers Name Moony D.

Married

Husband of Mary Daugherty

Consumption -

Pneumonia - Sick last - 8 days

Reported by Dr J. F. Somers

Crisfield, Md

Name In Full Kalie Ray Silghman

Certificate of Death

Town

County Somerset

Died at home

MARYLAND

Date 189 3 November Month Day

Age Y. M. D. 11 months

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ Number ~~of children~~ living

Husband of Wife

Father's Name Emmett Silghman

Mother's Name Annie Silghman

Cause of Death

Primary Anemia

Immediate Dysentery

84

How long sick six months

Accident, Suicide, Homicide

Reported by Dr F. A. Adams & Son

Address Rehoboth Somerset Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70893

Attended by Dr. F. A. Adams & Son

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full — Certificate of Death

Jacob H Lite

Died at Town: Deals Island. County: Somerset MARYLAND

Date 1899 Month: Nov. Day: 2 | Age Y. 87 M. 8 D. 6 | Native of Maryland | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Isabella C H Lite

Father's Name Benjamin H Lite | Mother's Name Zinn H Lite

Cause of Death: Primary — Paralysis 44 — How long sick 16 Months

Immediate — Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W Wilson M. D.

Address Deals Island. Somerset Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

T. W. Hendry
Undertaker

Name in Full — Certificate of Death

Ruth Wyatt

Died at Town: Oriole — County: Somerset — MARYLAND

Date 189 9 Month: Nov Day: 7 | Age Y. 20 M. – D. – | Native of: Somerset | Occupation: Housewife

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

220

Father's Name: Wm Wyatt

Mother's Name: Elginia Hubbard

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 6 mos.

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: R. L. Hoyt M. D.

Address: Oriole [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70818